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ABSTRACT

The position paper of the National Joint Committee on Learning Disabilities (NJCLD) examines issues in identification and intervention with regard to preschool learning disabled children. Identification issues cluster around at-risk indicators, the importance of systematic observations, and the use of screening instruments and procedures such as testing, teacher rating scales, and locally constructed measures. Assessment during the preschool years is considered in terms of domains. The importance of interdisciplinary approaches is stressed. An examination of service delivery focuses on the availability of program and service options and periodic reviews of the child's status. Family support services are suggested to include assistance in understanding and accepting the child's problems and in selecting programs. Personnel preparation needs are seen to include competency standards and education of medical and other related service providers in identifying and referring preschoolers with suspected deficits. Eight recommendations are offered, including the institution of systematic identification programs for all preschoolers, availability of early intervention programs for all preschoolers with identified developmental deficits, and recognition of the unique requirements of non-English or limited English speaking children. Member organizations of NJCLD and their representatives participating in the draft of this paper are listed at the conclusion. (CL)

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LEARNING DISABILITIES AND THE PRESCHOOL CHILD

A position Paper of the National Joint Committee on Learning Disabilities

February 10, 1985

The National Joint Committee on Learning Disabilities (NJCLD) is concerned about the early identification, assessment, planning, and intervention for those preschool children who demonstrate specific developmental delays or deficit patterns that often are early manifestations of learning disabilities.¹ These manifestations include a typical patterns of development in cognition, communication, motor abilities, and/or social and personal behaviors that adversely affect later academic learning. Development in each of these areas is characterized by individual differences as well as variability in rates and patterns of maturation.

It is during the preschool years that developmental disorders of different types and degree are first suspected or recognized. Because the preschool years represent a critical period during which essential prevention and inter-vention efforts are most effective, professionals and families must attend to the needs of preschool children whose development is characterized by patterns of specific deficits.

LEARNING DISABILITIES IN CHILDREN DURING THE PRESCHOOL YEARS

Learning disabilities is a term that refers to a heterogeneous group of disorders² of presumed neurological origin manifested differently and to varying degrees during the life span of an individual.³ These disorders are developmental in nature and must be viewed as problems not only of the school years, but also of preschool years and continuing into adult life. During the preschool years, learning disabilities frequently are manifested as specific deficits in language and speech development, reasoning abilities, and other behaviors requisite to early academic achievement. These deficits may occur concomitantly with problems in self-regulation, social interaction, or motor performance. Various manifestations of learning disabilities may be seen in the same child at different ages and as result of learning demands. This perspective is especially important to maintain when dealing with the preschool child.

Indiscriminate premature labeling of the preschool child as learning disabled is not warranted. Normal development is characterized by broad ranges of individual and group differences, as well as by variability in rates and patterns of maturation. During the preschool years, this variability is

¹ As used in this paper, the word preschool includes the period from birth through kindergarten age.

² Learning disabilities: Issues on definition. (1981). A position paper of the National Joint Committee on Learning Disabilities, The Orton Dyslexia Society, Baltimore, MD.

³ Adults with Learning disabilities: A Call for Action: (1985, February 10). A position paper of the National Joint Committee on Learning Disabilities, The Orton Dyslexia Society, Baltimore, MD.

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marked. For some children marked discrepancies in abilities are temporary and are resolved during the course of development and within the context of experiential interaction. For other children, there is a persistence of marked discrepancies within and among one or more domains of function, necessitating the child's referral for systematic assessment and appropriate intervention.

ISSUES IN EARLY IDENTIFICATION⁴

The purpose of identification programs is to find children who are suspected of having handicapping conditions. The early identification of learning disabilities in preschool children includes the examination of at-risk indicators,⁵ systematic observations of the child, and the use of screening tests and other procedures. All early identification programs should be based on procedures that are reliable and valid. Once children are identified they will require comprehensive assessment and systematic follow-up services.

An effective identification program must take into account the numerous biological and environmental factors that influence the course of a child's development during the preschool years. Procedures used for initial identification or screening are not a substitute for comprehensive assessment. Furthermore, identification programs that are not followed by assessment, intervention, and follow-up services are futile.

At-Risk Indicators

Professionals often use indicators that are acknowledged to be associated with adverse developmental outcomes as a basis for determining that a child is at-risk for learning disabilities. The use of at-risk indicators should be only one step in determining the status and needs of the child and services as an initial basis for referral and continued monitoring of a child's growth and development.

At-risk indicators do not always predict which child is in jeopardy of future developmental deficits or which aspects of development will be delayed or disordered. Caution should be used when informing parents about the presence of these indicators. For example, some children with a history of prenatal complications may develop normally, while other children without such histories may demonstrate specific patterns of deficits that will require careful assessment and intervention. Children whose histories suggest that they are at-risk for learning disabilities should be observed carefully by means of frequent and periodic examinations, in order to ascertain whether growth and development follow expected patterns.

Systematic Observations

Reliance on at-risk indicators is not a substitute for systematic observations

⁴As used in this paper identification refers to any and all initial steps taken to select children who are suspected of having handicapping conditions.

⁵As used in this paper, at-risk indicators refers to biological, genetic, and perinatal events as well as adventitious diseases or trauma that are known to be associated with adverse developmental outcomes.

of the child's behaviors and abilities. These observations should provide a description of the presenting concerns as well as information regarding the frequency, persistence, and severity of the behaviors causing concerns. When a question is raised about the integrity of development, the family should be so advised and the child should be referred to the primary care physician and to other qualified professionals, to a community health facility, or to a preschool assessment team for clarification of these observations. This is an essential activity if effective planning and implementation of appropriate treatment is to occur.

Screening Tests and Other Procedures

A third approach to early identification is the use of screening instruments and procedures, such as testing, teacher rating scales, and locally constructed measures. Careful consideration of reliability, validity, and standardization of the screening instruments and procedures is essential in their selection, use, and interpretation. Although the predictive validity of total scores for certain screening tests has been established, the use of individual items to predict later developmental status or plan remedial programs cannot be justified. Screening tests and other procedures are not to be used for diagnosis, planning, placement, or treatment. All children who have been identified as a result of screening and who are suspected of having a specific learning disability should be referred to appropriately qualified professionals for assessment, evaluation, and follow-up services.

ASSESSMENT OF CHILDREN DURING THE PRESCHOOL YEARS

Referral of the child for assessment of developmental status depends on data and information collected during the screening process. When a specific developmental problem is suspected, the family and the child should be referred to appropriately qualified professionals who will conduct an integrated assessment of cognition, communication, motor abilities, sensory functions, and social-emotional development. Determination of the child's status and needs depends on a comprehensive assessment of the child's functioning in the following domains:

- (1) sensory functions, including haptic, auditory, and visual systems;
- (2) motor functions, including gross and fine motor abilities;
- (3) cognition, including perceptual organization, concept formation, and problem solving;
- (4) communication, including language comprehension, production, and use; and
- (5) behavior, including temperament, attention, self-regulation, and social interaction patterns.

An interdisciplinary approach must be used in obtaining and interpreting assessment information that is derived from a wide variety of sources, including direct observations of the child. The specific patterns of abilities and disabilities must be determined.

In some cases, an extended period of assessment and observations will be necessary to determine a child's status and needs. Time-limited placement in a diagnostic preschool setting can be a useful means for addressing diagnostic questions, determining the child's developmental age, abilities, and deficits, and evaluating various methods of intervention for the individual child. Responsible professionals should ensure the orderly transfer of the child to the appropriate setting as soon as a decision concerning the child's status and needs has been reached.

The child's developmental age and accomplishments as well as previous opportunities and experiences will determine the extent to which early academic skills are present on entering school. The variability seen in a child's readiness for academic learning and instruction reflects cognitive, communicative, social and emotional growth as well as physical and neurological maturation. Readiness for academic instruction is more related to differential rates of development than to chronological age. An integrated perspective on the child's functioning in various areas of growth and development is essential. This perspective must be maintained when interpreting assessment results and planning educational placement and instructional approaches that are appropriate to the child's status and needs.

DELIVERY OF PRESCHOOL SERVICES

Selection of the appropriate program and specific intervention strategies for the preschool child with specific patterns of deficits is predicated on the clear understanding of how these deficits influence overall learning and development. Program selection and the choice of intervention strategies must be determined following a comprehensive and integrated interdisciplinary assessment.

Decisions pertinent to program selection and placement are influenced by many factors. Among these factors are the following:

- the types of disabilities and the degree of severity;
- the philosophy of the service provider or agency;
- the professional preparation, experience, and attitudes of service personnel;
- the kinds of intervention strategies and resources available within public or private preschool programs;
- the ability of the family to facilitate the child's development in the home environment; and
- geographic constraints.

Various agencies and professionals are responsible for services to the child during the preschool years. Consequently, cooperation among those agencies and professionals who plan and implement preschool education and intervention programs is critical. As the child is moved from one service setting to another, coordination and orderly transfer of information among agencies and professionals are essential to ensure continuity of services.

Preschool programs for the child with specific deficits must provide periodic review of the child's status, including a review of the placement, curriculum, and intervention approaches. Only careful monitoring of the child's progress can lead to a determination of the effectiveness of the child's program.

No single approach to intervention can be expected to serve as a panacea for the different needs presented by preschool children with specific deficits. Alternative and modified methods of intervention must be available. Appropriate consultative and direct services by professionals from different disciplines should be used as necessary.

The primary focus of intervention should be on activities appropriate for the

child's developmental age and directly related to the enhancement of functioning in the area(s) of the child's disability. Traditional readiness activities in preschool programs often are not sufficient to ensure later school success. Early intervention programs should focus on ameliorating the deficits that affect the current functioning of the child as well as facilitate the development of abilities, skills, and knowledge considered to be requisites for later academic, linguistic, and social functioning.

A continuum of program and service options must be available if preschool children with specific developmental deficits are to be served appropriately. Programs should be mandated through appropriate federal and state legislation. State agencies need to enforce a continuum of service options, provide appropriate funding, and promote interagency cooperation between the public and private sectors.

THE FAMILY

In some cases, parents are the first to suspect that their child may have a problem and should address their concerns by consulting with a physician or other qualified professional. In other cases, some families initially may deny the existence of a problem because they are fearful of or threatened by its possibilities and consequences. Because family acceptance and cooperation are both critical to effective intervention, differences in family responses must be recognized and appropriate support services provided.

The family serves as an important source of information about the child's status and needs. Similarly, it is essential that the family understand and help to implement the programmatic goals established for their child. Family members should have access to a range of support services, including the following:

- assistance in recognizing, understanding, and accepting the child's problems;
- assistance in developing effective ways to manage and facilitate the child's development in the home environment;
- assistance in program selection; and
- assistance in locating parent support networks and programs.

Direct family involvement in the preschool program is a major factor in effectiveness. The family has responsibility for the application and generalization of learned skills and adaptive behaviors into the home environment and will consequently require open communication with professionals who provide services to the child. They also need to be included in the development of program policy and advocacy efforts.

ISSUES IN PERSONNEL PREPARATION

Qualified personnel are necessary to meet the needs of preschool children, especially those with suspected learning disabilities. Competency standards for personnel providing these preschool services are required. Professional education programs must provide an understanding of the principles of normal child development and disorders in the domains of cognition, communication, motor development, sensory function, social-emotional adjustment, and academic

development.^{6,7}

Physicians, nurse practitioners, allied health professionals, and other related service providers should receive systematic preparation in the identification and referral of preschool children with suspected deficits. These individuals should be knowledgeable about the range of programs and services available to the child and family. Similarly, education personnel and day-care providers should receive systematic instruction about normal development, indicators of learning disabilities and other developmental disorders, methods of screening, and procedures for referral. In this way, assessment and appropriate intervention can be initiated as early as possible. Similarly, all individuals concerned with services for the preschool child must develop appropriate strategies to achieve effective interaction with the child's family.

NEEDS AND RECOMMENDATIONS

Based on the foregoing discussion, the NJCLD recommends the following:
1. Systematic identification programs for all preschool children should be instituted.

- a. Individuals who work directly with preschool children must learn to identify those children with suspected deficits and must know how, as well as to whom, these children should be referred for assessment.
- b. Procedures for developmental review and early identification of disabilities must be validated, developed, and implemented on a cost-effective basis.
- c. Technically adequate instruments for screening of preschool children must be developed.

2. Assessment procedures should be based on an interdisciplinary approach that explores all possible sources of the child's present problems and provides an integrative statement of the child's status and needs.

This requires that

- a. professional preparation programs provide multiple theoretical bases for understanding the contributions of various factors to children's development as well as to their problems; and that
- b. professionals from various disciplines work in collaboration to ensure that comprehensive evaluations are provided as necessary.

3. Early intervention programs should be available to all preschool children with identified developmental deficits.

- a. Federal and state agencies must mandate, fund, and monitor the development and implementation of preschool diagnostic and intervention programs for children with patterns of specific deficits for the ages 0-6 years.
- b. There must be validation of public and private service delivery models in urban, suburban, or rural areas that are appropriate to the needs of children with various developmental deficits.

⁶ Learning disabilities: Issues in the preparation of professional personnel. (1983, September 16). A position paper of the National Joint Committee on Learning Disabilities, The Orton Dyslexia Society, Baltimore, MD.
⁷ Inservice programs in learning disabilities. (1981, September 27). A position paper of the National Joint Committee on Learning Disabilities, The Orton Dyslexia Society, Baltimore, MD.

4. Qualified personnel are necessary to meet the needs of preschool children who demonstrate patterns of specific deficits.

- a. Professional preparati a programs for personnel who will work with preschool children with developmental deficits should include instruction in normal child development as well as its disorders.
- b. Preschool teachers, early childhood specialists, and daycare providers must be knowledgeable about identification and appropriate referral of preschool children suspected of developmental delays or deficits.
- c. Preschool and daycare programs must be staffed by qualified personnel who have learned to use a variety of intervention strategies appropriate to the needs of the children enrolled within these settings.

5. Families should be assisted in participating fully in all phases of indentification and treatment of a preschool child with specific patterns of deficits. In order to accomplish this, certain needs must be met.

- a. Parental participation must be encouraged and welcomed.
- b. Parents must be provided with support services that will enable their full and active participation.
- c. Efforts must be made to develop parent education materials and programs that explain the child's needs and detail the intervention strategies to be implemented by the family.

6. Professionals should provide information to the public concerning issues about child development and its disorders.

- a. Guidelines should be developed that will provide the public with information about the roles and responsibilities of various professionals in the identification, assessment, and treatment of children with developmental disorders.
- b. Professionals should develop and use networks that will facilitate referrals of children and their families to appropriate service providers and agencies.

7. All professionals and agencies responsible for the identification, assessment, and treatment of children with developmental disorders must recognize and respond to the unique requirements necessary to meet the needs of the non-English or limited-English speaking population.

- a. Individuals involved in the identification, assessment, and treatment of non-English or limited-English speaking preschool children must ensure that neither language barriers nor cultural differences will influence findings and recommendations.
- b. Programs that provide services to non-English or limited-English speaking preschool children with developmental disorders must have available qualified personnel who can provide appropriate services to these children.
- c. Assessment instruments and instructional materials should be developed to ensure adequate assessment and treatment of non-English speaking or limited-English speaking children with developmental disorders.
- c. Information about child development and its disorders must be developed for use with non-English speaking or limited-English speaking families to enhance their understanding of their children and their special needs when present.

8. Systematic research must continue to address issues related to identification and provision of services for preschool children with

suspected learning disabilities.

- a. What refinements are necessary in the use of at-risk indicators in order to maximize their prognostic value?
- b. What indices of early behavior best predict or correlate with later personal and social adjustment?
- c. What indices of early behavior predict or correlate with later academic learning?
- d. What factors contribute to the success of various intervention programs and strategies?

The National Joint Committee on Learning Disabilities is a committee of cooperating organizations concerned with individuals with learning disabilities. Organizations represented and representatives for the February, 1985 meeting included:

Association for Children and Adults with Learning Disabilities
Anne Fleming, Doris Johnson
American Speech-Language-Hearing Association
Anthony Bashir, Katharine Butler, Stan Dublinske
Council for Learning Disabilities
Donald Crump, Don Hammill
Division for Children with Communication Disorders, Council for
Exceptional Children
Thomas O'Toole, Joel Stark, Rhonda Work
Division for Learning Disabilities - Council for Exceptional Children
Jeannette Fleischner, Sister Marie Grant
International Reading Association
Jules Abrams
National Association for School Psychologists
Neil Browning, Kevin Dwyer
The Orton Dyslexia Society
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